

**CENTURY INSURANCE GROUP  
OWNERS & CONTRACTORS PROTECTIVE QUESTIONNAIRE**

**GENERAL INFORMATION:**

1. Applicant: \_\_\_\_\_  
\_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
3. Physical Address or Location of Project: \_\_\_\_\_  
\_\_\_\_\_
4. Details of Project:           New?    Rehab?   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Start Date: \_\_\_\_\_
6. Anticipated Date for Completion: \_\_\_\_\_
7. General Contractor Name: \_\_\_\_\_  
General Contractor Address: \_\_\_\_\_

**GENERAL CONTRACTOR AND ALL SUBS MUST CARRY GENERAL LIABILITY COVERAGE WITH LIMITS EQUAL OR GREATER THAN PROJECT OWNER AND MUST NAME PROJECT OWNER AS AN ADDITIONAL INSURED**

8. Name Contractor's Primary Commercial General Liability Insurance Carrier: \_\_\_\_\_
9. What is total amount of Commercial General Liability coverage carried by Contractor including an Excess or Umbrella Policy? \_\_\_\_\_
10. What is total estimated cost for the project? \_\_\_\_\_
11. What type of security is provided at the job site? \_\_\_\_\_
12. Any additional information?

Signature of Applicant \_\_\_\_\_

Producer \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_